



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. ANTHONY MEDICAL CENTER OF CROWN POINT

City of Hospital: Crown Point

Year Begin: 01/01/2007 (mm/dd/yyyy format)

Year End: 12/31/2007 (mm/dd/yyyy format)

Medicare Provider Number: 15-0126

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$179658364
Outpatient Patient Service Revenue	\$198059186
Total Gross Patient Service Revenue	\$377717550

2. Deductions From Revenue

Contractual Allowance	\$196297560
Other Deductions	\$11338041
Total Deductions	\$207635601

3. Total Operating Revenue

Net Patient Service Revenue	\$170081949
Other Operating Revenue	\$4843677
Total Operating Revenue	\$174925626

4. Operating Expenses

Salaries and Wages	\$63700766	Employee Benefits	\$17554981
Depreciation and Amortization	\$11641961	Interest Expense	\$2706775
Bad Debt	\$3765253	Other Expenses	\$62646264
Total Operating Expenses	\$162016000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12909626	Total Assets	\$200932506
Net Non-operating Gains over Loss	\$573561	Total Liabilities	\$20591602
Total Net Gains	\$13483187		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$155509281	\$101826007	\$53683274
Medicaid	\$20976810	\$15515764	\$5461046
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$201231459	\$90293830	\$110937629
Total	\$377717550	\$207635601	\$170081949

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$393250	\$28249	\$365001

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$147750	\$1115734	\$-967984
Hospital Patients	\$0	\$0	\$0
Community Education	\$22360	\$372824	\$-350464

Number of Medical Professionals Trained	39218
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	7997

Statement Six: Charity Statement

Hospital Charity Charges	\$10716492
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4353710	
HCI Payments	\$0		
Subtotal	\$0	\$4353710	\$-4353710
Medicaid Shortfalls	\$0	\$3564429	
Subtotal	\$0	\$7918139	\$-7918139
DSH Payments	\$0		
Subtotal	\$0	\$7918139	\$-7918139
Medicare Shortfalls	\$0	\$10077717	
Other Government Programs	\$0	\$398916	
Total	\$0	\$18394772	\$-18394772

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$25	\$99383	\$-99358
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$420162	\$-420162
Other Allocations	\$0	\$0	\$0